## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

062891.0565

| CLAIMS AS FILED - PART I (Column 1)            |  |   |                   |                              | (Column 2)                   |                  |          | SMALL ENTITY TYPE |                        | OTHER THAN OR SMALL ENTITY |                     |  |  |
|--|--|---|-------------------|------------------------------|------------------------------|------------------|----------|-------------------|------------------------|----------------------------|---------------------|--|--|
| TOTAL CLAIMS                                   |  |   | 20                |                              |                              |                  | ſ        | RATE              | FEE                    |                            | RATE                | FEE  |  |
| FOR  |  |   | NUMBER FILED      |                              | NUMBER EXTRA                 |                  |          | BASIC FEE         | 355.00                 | OR                         | BASIC FEE           | 710.00   |  |
| TOTAL CHARGEABLE CLAIMS                        |  |   | 25 minus 20=      |                              | * 5                          |                  |          | X\$ 9=            |                        | OR                         | X\$18=              | 90   |  |
| INDEPENDENT CLAIMS                             |  |   | ✓ minus 3 =       |                              | * 7                          |                  |          | X40=              |                        | OR                         | X80=                | 160  |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT            |                              |                              |                  |          | +135=             |                        | OR                         | +270=               | 7.0-   |  |
| * If   | the difference   | in column 1 is                            | less than ze      | ro, ente                     | r "0" in column 2            |                  | l        | TOTAL             |                        | OR                         | TOTAL               | 960  |  |
| CLAIMS AS AMENDED - PART II                    |  |   |                   |                              |                              |                  |          |                   |                        | l                          | OTHER               |  |  |
|  |  | (Column 1)                                | (Colun            |                              |                              |                  |          | SMALL ENTITY      |                        | OR                         | SMALL               | ENTITY   |  |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVI<br>PAID | IBER<br>OUSLY                | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | *   | Minus             | **                           |                              | =                |          | X\$ 9=            |                        | OR                         | X\$18=              |  |  |
|  | Independent  | *   | Minus ***         |                              | - 01 4114                    | =                |          | X40=              |                        | OR                         | X80=                |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                   |                              |                              |                  |          | +135=             | <del>-</del> .         | OR                         | +270=               |  |  |
|  |  |   |                   |                              |                              |                  |          | TOTAL             |                        | OR                         | TOTAL<br>ADDIT. FEE |  |  |
| ADDIT. FEE(Column 1) (Column 2) (Column 3)     |  |   |                   |                              |                              |                  |          |                   |                        |                            | ,70011.1 EE         |  |  |
| AMENDMENT B                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUN<br>PREVI                 | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | *   | Minus             | **                           |                              | =                | $] \mid$ | X\$ 9=            |                        | OR                         | X\$18=              |  |  |
|  | Independent  | *   | Minus             | ***                          |                              | ]=               |          | X40=              |                        | OR                         | X80=                |  |  |
| L  | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF       | PENDEN                       | T CLAIM                      |                  | ┛╽       | +135=             |                        | OR                         |                     |  |  |
|  |  |   |                   |                              |                              |                  | ı        | TOTAL             |                        | 1                          | TOTAL               |  |  |
|  |  |   |                   |                              |                              |                  |          | ADDIT. FEE        | L                      | OR                         | ADDIT. FEE          | <u> </u>   |  |
|  |  | (Column 1)<br>CLAIMS                      |                   |                              | mn 2)<br>HEST                | (Column 3)       | ነ .      |                   |                        |                            |                     |  |  |
| AMENDMENT C                                    |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUN<br>PREVI                 | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |
|  | Total  | *   | Minus             | **                           | ·                            | =                |          | X\$ 9=            |                        | C/R                        | X\$18=              |  |  |
|  | Independent  | *   | Minus             | ***                          |                              | ]=               | ┨╏       | X40=              |                        | OR                         | X80=                |  |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                   |                              |                              |                  | L        | .405              |                        | 1                          | ``                  | <del>                                     </del> |  |
| •  | f the entry in colu  | mn 1 is less than t                       | the entry in colu | ımn 2, wri                   | te "0" in co                 | olumn 3.         |          | +135=             |                        | OR                         |                     | <del> </del>                                     |  |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                   |                              |                              |                  |          |                   |                        |                            |                     |  |  |